

Case Number:	CM15-0206000		
Date Assigned:	10/23/2015	Date of Injury:	07/08/2000
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old, female who sustained a work related injury on 7-8-2000. A review of the medical records shows she is being treated for neck, right shoulder and low back pain. In the progress notes dated 7-16-15 and 9-14-15, the injured worker reports a flare-up of her fibromyalgia and overall chronic pain due to stress, anxiety and depression in having to deal with family issues. She rates her pain a 6-7 out of 10. She has to modify some activities due to right shoulder pain flare-up. She cannot raise her arms overhead. She reports numbness in both knees at night with lying down. She reports chronic constipation. She reports worsening neck pain with radiation to both hands. She reports "continued benefit" with the use of Flexeril on her muscle spasms. On physical exam dated 9-14-15, she has decreased cervical range of motion. She has decreased lumbar range of motion. She has positive straight leg raises with both legs. Treatments have included TENS unit therapy-good benefit, aqua therapy, chiropractic treatments, acupuncture, and medications. Current medications include Voltaren gel, Flexeril, Celebrex, Amitiza, Cyclobenzaprine, Tylenol #4, Zoloft, She is not working. The treatment plan includes requests for medication refills. The Request for Authorization dated 9-15-15 has requests for Amitiza, Flexeril, Tylenol #4, Zoloft, Lidoderm patches, and Celebrex. In the Utilization Review dated 9-23-15, the requested treatments of Flexeril 10mg 1 tablet twice a day as needed #40 with 3 refills and Zoloft 100mg take 1 tablet once a day #30 with 3 refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg take 1 tablet twice a day as needed for 30 days #40 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic July 2000 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Flexeril 10mg take 1 tablet twice a day as needed for 30 days #40 with 3 refills is not medically necessary and appropriate.

Zoloft 100mg take 1 tablets once a day #30 3 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Zoloft, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRI) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic 2000 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Zoloft 100mg take 1 tablets once a day #30 3 refill is not medically necessary and appropriate.